

**TO:** ILLINOIS COMMERCE COMMISSION POLICE  
527 E. Capitol Avenue  
Springfield, IL 62701  
Phone: (217) 782-6171 Fax: (217) 524-4637

**INFORMAL COMPLAINT FORM**

**FILE NO:** \_\_\_\_\_  
(FOR OFFICE USE ONLY)

**SUBMITTER'S INFORMATION**

Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-Mail: \_\_\_\_\_

**ALLEGED VIOLATOR'S INFORMATION**

Full Legal Name: \_\_\_\_\_  
Trade Name (D/B/A): \_\_\_\_\_  
Business Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-Mail: \_\_\_\_\_

**DESCRIPTION OF ALLEGED VIOLATIONS**

1. Nature of alleged illegal activities:

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2. Time and place that alleged illegal activities could likely be observed:

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3. Locations of alleged illegal activities, including origins and destinations:

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4. Commodities: \_\_\_\_\_

5. Names, addresses and telephone numbers of shippers, consignees and witnesses:

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6. Physical description and license plate numbers of vehicles involved, including all carrier/company names visible on vehicle:

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**CAREFULLY READ THE FOLLOWING BEFORE SIGNING BELOW:**

In filing this Informal Complaint Form, I understand that neither the Illinois Commerce Commission nor its Staff is my attorney. I also understand that if I have any questions concerning my legal rights and responsibilities, I should contact a private attorney. I verify that the above complaint is true and accurate to the best of my knowledge.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_